

ELECTION OFFICER

INFORMATION FORM

(Please print)

NAME: _____

SSN: _____ BIRTH DATE: _____

ADDRESS: _____

CITY, STATE, & ZIP: _____

MAILING ADDRESS (if different than above):

HOME PHONE: _____ WORK PHONE: _____

I am interested in working____State elections and/or____school elections.

THE BEST TIME TO CONTACT ME IS: _____

RETURN THE COMPLETED FORM TO:

SUSSEX COUNTY DEPARTMENT OF ELECTIONS
P.O. BOX 457

119 NORTH RACE STREET

GEORGETOWN, DE. 19947